

## USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS

THE CLEVELAND MUSEUM OF ART

FORTY-EIGHTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

APRIL 20 to MAY 22, 1966

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator in any \_\_\_\_\_

Address PO BOX 193  
NO.  STREET CITY KENTZIP CODE 44240Artist ROBERTFIRST NAME THIELELAST NAME Tel. COUNTY PORTAGEOut-of-town residents should state whether return shipment is required.  YES  NO

Please bring Registration Fee of \$2.00 (Check or Money Order) with your entries.

CLASS <u>1</u>	MEDIUM <u>OIL</u>	CLASS <u>1</u>	MEDIUM <u>OIL</u>	CLASS <u>4</u>	MEDIUM <u>BRONZE</u>
TITLE <u>2 FIGURES IN LANDSCAPE</u>		TITLE <u>REBIRTH</u>		TITLE <u>FIGURE IN THE WIND</u>	
NUMBER FOR SALE	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE <u>\$200</u>	NUMBER FOR SALE	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE <u>\$75</u>
Artist <u>ROBERT THIELE</u> FIRST NAME <u></u> LAST NAME <u></u>		Artist <u>ROBERT THIELE</u> FIRST NAME <u></u> LAST NAME <u></u>		Artist <u>ROBERT THIELE</u> FIRST NAME <u></u> LAST NAME <u></u>	
ACCEPTED BY	ACCEPTED BY	ACCEPTED BY	REJECTED	ACCEPTED BY	ACCEPTED BY
		<u>✓</u>		<u>✓</u>	
DO NOT WRITE IN THIS SECTION <u>477</u>				DO NOT WRITE IN THIS SECTION <u>478</u>	
				DO NOT WRITE IN THIS SECTION <u>479</u>	

This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 2, 1966.

It is also understood that accepted entries will remain on exhibition until May 22 1966.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Robert R. Thiele

SIGNATURE

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

Born in Cleveland  YES  NOEntered Previous May Shows?  YES  NO

ROBERT THIELE

FIRST NAME

LAST NAME

COUNTY

ZIP CODE

CITY

STREET

NO.

ADDRESS

CITY

STATE

ZIP CODE

CITY

STREET

NO.

ADDRESS

CITY

SUBMIT ENTRIES WITH ENTRY BLANK AND  
FEE FEBRUARY 26 THROUGH MARCH 5, 1966.

Submit one entry blank in triplicate per person. One copy